FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIF

I am an officer or director of appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004235 (3)

NON-STOP PAINTING, INC.

Principal Place of Business Mailing Address 727 N.W. 99TH CIRCLE 727 N.W. 99TH CIRCLE **PLANTATION FL 33324** PLANTATION FL 33324-4946 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country This corporation has liability for intangible tax under s. 199.032, Pes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33311 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a love-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and (ide if applicable (NOTE Registers Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 Change DELETE Addition TITLE 1.1 TOTLE HERRERA, DAVID 1.2 NAME NAME 3505 WEST ATLANTIC BLVD. #816 STREET ADORESS 1.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE GERSHBEIN, ADAM 2.2 NAME NAME 727 N.W. 99TH CIRCLE STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL 33324 2. 4 CITY - ST - ZIP CHY- \$1-20 DELETE 3.1 TITLE Change Addition TATLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CHTY - \$1 - 21F DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY- ST-ZIE Addition DELETE 51 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY- ST-ZIE DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 CITY - ST - ZIP

ie tal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that effect or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

14. I do hereby certify that the information supplify! with this filing does not qualify for the exemption stated in Section 119:07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report on supplierlettal annual report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or director of the damporation of the ret effect or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my name

attachment with an address.